SUBMISSION

TO THE

MEDICAL SERVICES INSURANCE ENQUIRY

BY THE

ONTARIO HOSPITAL ASSOCIATION
DON MILLS, ONTARIO

November 1963

SUBMISSION

TO THE

MEDICAL SERVICES INSURANCE ENQUIRY

BY THE

ONTARIO HOSPITAL ASSOCIATION
DON MILLS, ONTARIO

November 1963

I N D E X

SUMMARY

CONCLUSIONS AND RECOMMENDATIONS

The Ontario Hospital Association is of the opinion:

(a) That the implementation of Bill 163 should receive very careful study due to the possibility that funds necessary for existing health services may be affected adversely by the financial demands on government of an additional health programme at this time. (Para. 10)

(b) That the inclusion of laboratory, radiological, and other diagnostic services now provided by hospitals as benefits under the Hospital Services Commission Act is sound and the Association supports their exception from Bill 163. (Para. 14)

(c) That hospital services provided to other than inpatients are an established function and will continue to be utilized by the public. (Para. 18)

(d) That hospitals should be paid the costs of providing services to other than inpatients. (Para. 21)

(e) That organized outpatient departments, with the cooperation of medical staffs, may be established in hospitals other than teaching hospitals. (Para. 18)

(f) That traditional and proven hospital/physician relationships should continue to prevail, and that these arrangements be made at the individual hospital level. (Para. 20)

(g) That the implementation of an educational programme designed to acquaint the public with the importance of patients voluntarily associating themselves with teaching programmes is a sound approach to meeting the continuing needs of medical education. (Para. 23)

(h) That adequate medical services for patients in convalescent and chronic care hospitals is essential and that the reimbursement for such services be interpreted as a benefit under Bill 163. (Para.24)

SUMMARY

CONCLUSIONS AND RECOMMENDATIONS

The Ontario Hospital Association is of the opinion:

(a) That the implementation of Bill 163 should involve very careful study due to the possibility that funds necessary for existing hospital services may be affected adversely by the financial demands of additional hospital programmes at this time. (Para. 10)

(b) That the Institutes of Laboratory, Technological, and Other Allied Services now provided by Hospitals to Doctors under the Hospital Services Commission Act is sound and the Association supports their exemption from Bill 163. (Para. 14)

(c) That hospital services provided to other than hospitals are an established function and will continue to be utilized by the public. (Para. 18)

(d) That hospitals should be paid the costs of providing services to other than hospitals. (Para. 21)

(e) That organized outpatient departments, with the cooperation of medical staffs, may be established in hospitals where none existed previously. (Para. 16)

(f) That practitioners and private hospitals relationships should continue to prevail, and that these arrangements be made at the individual hospital level. (Para. 20)

(g) That the implementation of an educational programme designed to acquaint the public with the importance of petitions voluntarily associating themselves with hospital programmes is a sound approach to meeting the continuing needs of medical education. (Para. 23)

(h) That adequate medical services for patients in convalescent and nursing homes be essential and that the reimbursement for such services be [illegible] under Bill 163. (Para. 24)

(i) That the definition of "benefit" in section 1(a) of Bill 163 be clarified. (Para. 25)

(j) That medical practitioners classified as intern and/or resident staff and receiving hospital stipends therefor should not have the right to bill, and collect from, patients and that "physician", as defined in section 1(l) of Bill 163, be rephrased to preclude such an interpretation. (Para. 26)

(k) That the implications for laboratories in general hospitals resulting from the exception in Schedule A of "services of government or commercial laboratories" should be carefully studied. (Para. 28)

Labor. Services – O.P.D.

O.H.S.C.: $ 200,000,000/annum.

① Hospital – as a locus of med practice – GP + others.
– as a service centre – diagnostic
– therapeutic – rehabilitation.

Mr. Chairman and Members,
Medical Services Insurance Enquiry:

1. The Ontario Hospital Association, an incorporated voluntary lay organization, has been in existence since 1924. Its 237 members comprise public general hospitals, sanatoria and special hospitals, both lay and religious, with a relatively small number of private hospitals of associate member status. The Association thus embraces all categories of hospitals in the province with the exception of the provincial mental hospitals and the majority of the private institutions.

2. Membership in the Association is voluntary and is maintained on an annual fee basis. In return, a variety of educational, consultative and advisory services is provided. The Association also acts as the central voice of the voluntary hospital system in this province and, to the extent that the problems and interests of a very diversified membership can be interpreted and condensed, every Association presentation of this type endeavours to reflect the point of view of member hospitals.

3. Certain highlights have marked the developing role of the Association. In 1941, supplementary letters patent were granted to enable the Association to inaugurate the Blue Cross Plan in the province which, at the height of its activity, provided $65,000,000 benefits yearly to approximately 2,500,000 subscribers and dependants. With the enactment of the Hospital Services Commission Act and the inception of the hospital insurance plan on January 1, 1959, the Blue Cross Plan was precluded by statute from offering basic hospitalization up to the standard ward level. The Plan, however, has continued to make available semi-private accommodation

benefits and, at the present time, over 2,025,000 residents of the province are enrolled.

4. The Blue Cross Plan also makes available to residents of the province Extended Health Care benefits which provide coverage for prescription drugs, private duty nursing care by registered nurses, charges by surgical specialists and anaesthetists over the Ontario Medical Association schedule of fees, appliances, and private room in hospital. These benefits are sold to groups only, on the basis of a deductible and subscriber sharing contract. At the present time, over 75,000 subscribers and dependants are covered by this contract.

5. The Blue Cross Plan, in addition, now offers two Prescription Drug Contracts:

(i) to employed groups, based on the payment for drugs obtained on the prescription of a medical doctor. This contract is sold with a small annual deductible but with no patient sharing beyond that deductible. At the present time, over 4,500 residents of the province are covered by this contract.

(ii) to individuals in the Owen Sound area on an annual fee basis. This is an experimental project providing enrolment opportunities for the entire community. It is anticipated that this facet of our coverage will supply valuable statistics regarding the use of prescription drugs in this province.

6. The Association has maintained a close contact not only with the public hospitals of this province but with many thousands of citizens and patients over its 39 years. This relationship is exemplified in the makeup of its own Board of Directors wherein trustees (approximately 3,800 citizens who

give of their time without recompense to serve on local hospital boards) and administrators (the chief executive officers of hospitals) are represented. A further indication of this relationship is a valued liaison with the Hospital Auxiliaries Association of Ontario, also a voluntary organization, whose 72,000 members continue to make a noteworthy contribution both in material assistance and in understanding between our hospitals and the communities they serve.

7. With such a background, the Association feels it is in a position to present an informed and responsible point of view and appreciates this opportunity of placing its resources at the disposal of the Medical Services Insurance Enquiry.

Introduction

8. The Ontario Hospital Association on behalf of its membership submitted a brief to the Royal Commission on Health Services in May, 1962. At that time no definitive information was available regarding the timing, nor the nature, of medical care insurance that might be proposed for the province of Ontario. Observations were made, nevertheless, on the matter of adequate medical services to patients in hospitals for the convalescent and the chronically ill, and concern was also expressed as to the future availability of patients for undergraduate and graduate medical education. These observations will be reiterated and amplified later in this submission as being of continuing importance in consideration of the provisions of Bill 163.

9. This legislation has received political endorsation in principle and has the concept of the greatest good for the greatest number.

Undoubtedly, it is the desire of the sponsors of the Bill to see it launched on as sound and as practicable a working basis as possible with a minimum of disruption to existing practices of demonstrated value. It is in this light that the Ontario Hospital Association is making known its views.

Relationship to Existing Health Programmes

10. The public hospitals of this province understandably have a general interest in the implications and ramifications of a plan to provide medical services to all residents and they, necessarily, maintain a specific interest in certain of its phases. One of the broad potential consequences of such legislation, and a concern of this Association, is that funds necessary for existing health services may be affected adversely by the financial demands on government of an additional health programme at this time. It is our opinion this is a matter of considerable importance to the deliberations of this Enquiry. The Canadian Hospital Association, of which the Ontario Hospital Association is a member, substantiated this point of view in their brief to the Royal Commission on Health Services where it was recommended, as a first order of priority, that no health care plan more comprehensive than that which now exists should be introduced until it can be adequately financed without detracting from present health services.

The Medical Staff in Hospitals

11. The relationship between a hospital and its medical staff, while a pattern of long standing, is, in our experience, not always understood. The governing board of a hospital is the body under law which appoints physicians to the medical staff of that institution. Such an appointment confers upon the recipient the privilege of practising medicine, within his

competence, in that institution and the appointment must be renewed annually. Medical staff by laws provide the framework for the conduct of medical affairs in the local situation. These form part of the by laws of the individual hospital and both must be approved by the Ontario Hospital Services Commission and the Lieutenant Governor-in-Council.

12. While the term "staff" is used, doctors responsible for the treatment of patients in most general hospitals are not employed by the hospital. Nevertheless, they control, to a major extent, the cost of the services provided by hospitals. The doctor admits the patient, prescribes treatment and authorizes the patient's discharge. Thus, he delineates the nature and the extent of the treatment services rendered and the length of the patient's stay in hospital.

13. As a general statement, the members of a medical staff do not receive payment from a hospital for their services to patients. The hospital provides the facilities, equipment, supplies and personnel which are utilized by the medical staff but the doctor bills the patient directly for medical services rendered. The exceptions to this basic arrangement are the laboratory, radiological, and other diagnostic services which are provided as benefits under the Hospital Services Commission Act. These are services traditionally provided by hospitals and their recognition as such under The Hospital Insurance and Diagnostic Services Act has resulted in the costs of these services being included in hospitals' operating budgets for which funds are received from the Ontario Hospital Services Commission and other sources.

14. These exceptions to the foregoing general statement reflect also traditional individual arrangements between a hospital and the medical specialists involved for the provision of their respective services. It is our belief that the inclusion of these services as benefits under the Hospital

Services Commission Act is sound and it would be our recommendation that this remain unchanged. It is noted Schedule A excepts such diagnostic procedures as benefits under Bill 163 and we support this position.

Hospital Services

15. Two divisions of hospital service prevail: inpatient, and services other than to an inpatient (commonly referred to as "outpatient"). With regard to inpatients, comments will be submitted relating to all hospitals. Additional observations will be made concerning teaching hospitals in particular (see Appendix A) since Bill 163 could have an effect on the availability of patients to provide for the needs of medical education in these institutions. On the matter of 'outpatients', emphasis again will be placed upon the teaching situation although we are presenting general views as well on this category of patient.

16. Every hospital provides a form of outpatient service. In the majority of hospitals, this will consist of emergency care and such diagnostic procedures as laboratory tests and x-rays for ambulatory patients, i.e., those who are able to come to the hospital but do not require admission as an inpatient for the service required. In 22 hospitals of this province (including all the teaching institutions listed in Appendix A) there are, in addition, what are termed "organized outpatient departments". These departments provide regularly scheduled general clinics as well as consultative services, and are supervised by members of the hospitals' medical staffs.

17. It is a fact that, where such facilities are available, the patient can have the choice of going to a doctor's office or to an outpatient department, thereby introducing a competitive element. It is also true that many

doctors themselves now refer patients to such departments. The reasons for this are recognized. In many cases, only the hospital possesses the complex equipment and technology necessary to provide the required diagnostic or treatment service. Few doctors' offices are so equipped. Apart from the technical rescurces available, the ease with which a patient can be referred in the hospital from a general medical clinic to a specialized one, as the need arises, undoubtedly appeals both to the medical profession and the patient in terms of convenience and completeness of examination.

18. As with other facets of hospital care, there are local variations in the utilization of outpatient facilities as well as their acceptance by the public at large. We would, however, have no hesitation in saying that hospital outpatient services are an established function and that they will continue to be utilized. While it appears that there may be no future need for organized outpatient departments in other than teaching hospitals, we believe it is possible, with the onset of medical services insurance and the growing concept of the hospital as a centre of health service in the community, that such departments, with the co-operation of medical staffs, may be established in other than "teaching" hospitals.

19. Outpatient clinics are essential for teaching purposes and their continuance, in our opinion, is necessary. However, inasmuch as these clinics have traditionally provided service primarily to those in lower income or medically indigent brackets where the revenue realized has fallen considerably short of the costs incurred, the provisions of Bill 163 may affect existing arrangements. Not only will paid medical services be available to the patient, which in effect removes him from the indigent or dependent category, but the medical staff will be reimbursed for services

hitherto provided on a gratuitous basis.

20. The position of this Association, on behalf of the hospitals affected, is that traditional and proven hospital/physician relationships should continue to prevail. We believe that the general and specialist pattern of payment is sound and that the fee schedule under Bill 163 will provide for both general practitioner and specialist services. We believe also that the matter of disposition of monies receivable by the medical staff for outpatient as well as inpatient services under the provisions of Bill 163 should be resolved at the individual hospital level.

Outpatient Costs

21. A further facet of the organized outpatient service is that hospitals with such a department have been receiving an allowance from the Ontario Hospital Services Commission of $1.50 per visit which in many instances has proved to be inadequate to cover the costs incurred. This Association has been studying the problem and while a good deal of useful data is being accumulated, it is clear that the determination of true costs of an organized outpatient department is by no means an easy matter. Nevertheless, in support of the need expressed, the following resolution was adopted by the delegates at the Annual Meeting of the Ontario Hospital Association on October 28, 1963:

> "Whereas a number of hospitals in the Province of Ontario offer an outpatient service to the medical indigent, and
>
> "Whereas the cost of such a service may be considerably in excess of the $1.50 per visit allowed, when all of the para-medical benefits are provided, and

"Whereas many of these hospitals are thereby accepting serious financial losses,

"Therefore be it resolved that the Ontario Hospital Association strongly recommend to the Ontario Hospital Services Commission that the existing $1.50 rate per visit be increased to a figure more in keeping with the actual cost involved."

We wish to point out that The Hospital Insurance and Diagnostic Services Act provides for Federal sharing in outpatient services. The government of the province of Ontario has not to date obligated itself to authorize funds for this purpose. Accordingly, hospitals in this province are not receiving full payment for their organized outpatient department costs. With payment provided medical practitioners under Bill 163 for services rendered to outpatients, we believe there is further justification for hospitals to be paid the costs of operation of their outpatient facilities. We believe also that once acceptance of this principle is obtained, the working details can be resolved satisfactorily.

Special Considerations for Teaching Hospitals

22. It will be evident that we are experiencing a considerable degree of concern on behalf of our teaching hospitals for the continuing needs of medical education, both at undergraduate and graduate levels. We understand a good deal of thought is being devoted to the problem by the teaching hospitals themselves and the universities with which they are affiliated. We do not believe it essential that this submission attempt to paraphrase or reiterate the details of the problem which basically is that the classification of patients traditionally available for teaching purposes will no

longer exist with the introduction of a universally available medical insurance plan. To some extent, the problem arose with the introduction of the hospital insurance plan on January 1, 1959, whereby the great bulk of the population in this province rapidly became insured. With the inauguration of a government-sponsored medical care plan, the problem, in our opinion, will be accentuated, particularly as social assistance recipients and marginal income persons will be provided for or assisted by government in becoming insured.

23. As a hospital association, we share the concern for the future of medical education. We are, however, not unmindful of the fact that the public at large has a personal stake in the matter and may be surprisingly receptive to a new order wherein any patient may become part of the teaching programme. We believe that the majority of citizens, if made aware of the problem and given time to assimilate the implications, would lend their cooperation. This suggests the early implementation of an educational programme designed to make the public feel that they have a contribution to make in this important area. Difficulties may be encountered but it is a matter of record that some hospitals have had a policy for a number of years wherein their patients are requested, and the great majority agree, to participate in the teaching programme. It is our belief that a similar rapport can be developed in teaching centres of this province whereby patients voluntarily associate themselves with the continuing needs of our medical faculties.

We expressed an opinion on this matter in our brief to the Royal Commission on Health Services as follows:

> "To some extent the inception of the hospital insurance plan has introduced a problem relating to the provision of adequate clinical material for the teaching of medical students and interns. Historically, patients in the public wards, to whom staff doctors

> are assigned for both treatment and teaching purposes, have constituted the major source of this material. With over 95% of the population of this province now covered by the hospital insurance plan, there has arisen the question of what constitutes a 'public patient', per se, since traditional lines of division are no longer clearly delineated.
>
> "Inasmuch as the problem of ensuring an adequate number of patients for teaching purposes presently is causing some concern, it is understandable that the ramifications of any extension of health services on a broad universal base is a factor that warrants consideration. However, it is our view that while traditional habits and practices are always subject to some change, a major problem in this instance is that of acquainting the public with the needs of teaching hospitals. Again, a carefully-considered plan, incorporating the viewpoints of all agencies and organizations concerned, appears to be the logical approach."

The Ontario Hospital Association reaffirms the foregoing viewpoint at this time.

Medical Services in Convalescent and Chronic Care Hospitals

24. Our brief to the Royal Commission on Health Services made the following observations and recommendations regarding the provision of adequate medical services to patients in convalescent hospitals and hospitals for the chronically ill:

> "One of the unresolved problems that may be said to be a direct result of the inception of the hospital insurance plan in this province is that relating to the difficulty of financing medical services in convalescent and chronic hospitals. The Hospital Insurance and Diagnostic Services Act does not permit the inclusion in the hospital budget of monies that are to be used for the reimbursement of practitioners for medical services to patients. This, of course, is applicable to all participating hospitals but its effect is significant in the convalescent and chronic illness institutions.
>
> Prior to the plan, hospitals of this category made individual arrangements for medical services and while finances always were a matter of concern, there was a freedom of financial operation that provided opportunity to meet these obligations. The per diem rate is now the primary and, in virtually all cases, the only significant source of revenue and with no provision in it to cover medical services, these hospitals are caught in a financial trap.
>
> The present situation is a reflection of two related factors of long standing. One of these is the high proportion of indigency among patients in these hospitals, particularly in the chronic

illness category, which, in turn, reflects the nature of their hospitalization and, to an increasing extent, an older age grouping. As a general rule, a doctor attending a patient in these circumstances has no assurance of any payment for his services on the direct doctor/patient relationship that is characteristic in general hospitals. As well, since there is a low to negligible ratio of preferred accommodation to standard ward beds in these long term institutions, the amount of differential income available to the hospital to cover such a cost varies accordingly, but in most cases is quite inadequate.

The other factor is the medical staff structure in this type of institution. The convalescent and the chronic illness hospital fall into the category of the "special" hospital as contrasted to the "acute" or short term treatment institution. Although a degree of medical indigency exists in this latter group, an attending staff, which is afforded admitting and treatment privileges for private patients in the hospital, has traditionally taken care of indigent cases as one of its attendant obligations. In the convalescent or chronic institution, the same doctor/patient relationship does not exist.

In the mental hospitals and tuberculosis sanatoria, also representative of the special hospital, the problem of assuring continuing and adequate medical treatment services has been dealt with through the appointment of salaried physicians for whom monies are provided. This pattern of providing medical care is also a characteristic of the voluntary convalescent and chronic hospital but on a part time basis, and its possibility as a remedy for these hospitals is at present precluded by the lack of financial resources. The point of consequence is: some means is urgently needed to ensure that patients in the chronic and convalescent hospitals of the province have made available to them the medical care their condition requires and to which they as citizens are entitled.

This situation has further implications for the future in terms of rehabilitation programmes. The need for progressive rehabilitation measures and the importance this assumes with the growing proportion of geriatric patients in our hospital population must not be underestimated. The medical attention necessary for adequate programmes of this nature is a continuing problem. In our view, the potential situation even goes beyond the current financial problem of these hospitals and suggests a basic need of a changing society. Remedial steps to rectify the present difficulty are needed and it would be our hope that any decision reached would take into full account the broader implication for the years ahead."

No progress to remedy this situation has been made to date. It would be our expectation that the provisions of Bill 163 would resolve the matter in view of the statement of the Honourable The Prime Minister, John P. Robarts, as reported in the April 23, 1963 issue of Hansard:

> "...it [the legislation] will ensure that every resident of the province, regardless of age, physical condition or financial position, can attain full medical coverage...as a government we will assume the responsibility of providing this coverage to those who are considered unable, for any one of a number of reasons, to provide it for themselves...."

These statements, read in conjunction with Bill 163, would appear to provide the financial support required for medical services for patients in the long term institutions in question. This being so, no further statement from this Association should be necessary. If Bill 163, in its implementation, does not provide medical services for patients in these hospitals, the Ontario Hospital Association desires that it be placed on record as strongly recommending an appropriate amendment to the legislation to correct this serious situation.

Interpretations of Bill 163 Terminology

25. It is realized that the regulations yet to be promulgated for Bill 163 will incorporate the mechanics of operation. In our consideration of what these are likely to be, it has been noted that "benefit", as defined in Bill 163 (section 1(a)), "means a payment made to a covered person..." Interpreted literally, this would suggest that payments are to be made to the recipient of service. Our interest in the matter relates to outpatient services and the possibility that such a method of payment could lead to collection difficulties where benefits provided under the Bill are made available at the hospital. From long experience in dealing with accounts receivable, we are of the opinion provision should be made whereby payments for services rendered may be made directly to the suppliers of the service and not only to a covered person. It would be our opinion that the point is sufficiently significant to warrant the attention of this Enquiry as to the intent of the legislation before the regulations are drawn.

26. This may be an appropriate time as well to comment on the definition of "physician" according to section 1(1) of the Bill, and its implications insofar as hospitals are concerned. Our interpretation would be that this definition could embrace the intern, assistant resident, resident, and chief resident staff. At the present time, none of this group bills patients for services rendered: each receives a stipend that forms part of the hospital's operating budget. Patients admitted to teaching areas are under the care of the active staff and the billing of patients will be done by this staff in accordance with the local arrangements that might apply. While the intern and resident staff provide a degree of medical service, under supervision, as part of their educational experience, it would be our concern that Bill 163 as presently drawn could conceivably give interns and residents a right to bill,and collect from, patients. The Ontario Hospital Association hereby records its official position that medical practitioners classified as intern and resident staff and receiving hospital stipends therefor should not have such a right and that Bill 163 should be clarified accordingly.

27. Statement three, under the Schedule A exceptions, excludes the "services of government or commercial laboratories". A considerable number of hospitals, particularly the smaller hospitals without the services of a clinical pathologist, send all or a major part of their laboratory work to the provincial laboratories. Again, this is an established pattern of many years. If our interpretation of this part of statement three is correct, it would appear that this exception could immediately channel a large volume of work into general hospital laboratory facilities which, in many areas, could not assume this responsibility at the present time.

28. Members of this Enquiry will be aware of the comprehensive survey just

completed of laboratory facilities in this province. The findings are now being evaluated by a joint committee comprising representatives of the Ontario Hospital Association, the Ontario Hospital Services Commission, the Ontario Medical Association, and the Ontario Department of Health Provincial Laboratories. It would appear desirable to relate the appropriate portions of this study, when the findings are available, to the ramifications of the above-noted exception in statement three. In any event, the Ontario Hospital Association submits that very careful consideration should be given by the Enquiry to the way in which such an arrangement for laboratory service could be implemented.

29. Statement six excepts "newborn-infant care rendered by the physician delivering the infant". The terminology "newborn-infant care" is not defined in the Bill and we feel this exception should be clarified as to its intent and implications.

Concluding Comment

30. The Ontario Hospital Association wishes to commend the sponsors of Bill 163 for making available the opportunity to consider and discuss the draft legislation which is of such significance to the residents of the province. We believe there are a number of important factors that require careful study and evaluation and we have endeavoured to point out those which, in the opinion of this Association, are of particular significance.

31. It is our view that there are many considerations involved in offering medical services insurance in this province. We would reiterate our concern in the matter of financing such a programme, having in mind the present heavy financial obligations the government has undertaken in relation to the hospital insurance plan. As well, there has been a growing tendency on

the part of the general public to turn to their local hospital for treatment in times of emergency, or when medical care is not readily available at a physician's office. While it is difficult to predict what may be the utilization experience of medical services following the introduction of a government-sponsored medical services insurance plan, we are of the opinion that the demand for such services will increase. This could result in more people seeking service at hospitals and there may be resulting problems in supplying such service immediately.

32. Undoubtedly the Enquiry will be examining closely the broad question of demand for medical services, occasioned through insurance being universally available, and the medical resources within the province to meet such demand. The fact that payment for care is no longer an obstacle does not necessarily guarantee that insured services will be on hand at all times in the quantity desired by those insured. We would suggest that a full understanding on this point, on the part of the general public, would be most helpful, as any unfavourable attitudes resulting from difficulties in obtaining service, when desired, might be directed toward hospitals in view of their particular rcle in emergency care.

33. The Ontario Hospital Association will be pleased to assist the Enquiry in any manner that may be indicated and to supply information now available or which, within its resources, it may be able to provide.

HOSPITALS WITH ORGANIZED OUT-PATIENT DEPARTMENTS

The following seventeen hospitals are known as "teaching hospitals", a term used to designate those hospitals, including affiliated hospitals, providing undergraduate and/or graduate medical education, not limited to the intern year, under the auspices of a Faculty of Medicine of a Canadian university. The medical staff of the hospital, who have teaching responsibilities, are jointly appointed by the university and the hospital:

Hamilton	Hamilton Civic Hospitals
Kingston	Hotel Dieu Hospital
Kingston	Kingston General Hospital
London	St. Joseph's Hospital
London	Victoria Hospital
Ottawa	Ottawa Civic Hospital
Ottawa	Ottawa General Hospital
Toronto	The Hospital for Sick Children
Toronto	New Mount Sinai Hospital
Toronto	The Princess Margaret Hospital
Toronto	St. Joseph's Hospital
Toronto	St. Michael's Hospital
Toronto	Toronto East General & Orthopaedic Hospital
Toronto	Toronto General Hospital
Toronto	The Toronto Western Hospital
Toronto	The Wellesley Hospital
Toronto	Women's College Hospital

The following five hospitals are non-teaching hospitals in terms of the above definition:

Ottawa	The Salvation Army Grace Hospital
St. Catharines	St. Catharines General Hospital
Scarborough	Scarborough General Hospital
Toronto	Northwestern General Hospital
Toronto	Grace Hospital

APPENDIX B

ONTARIO HOSPITAL ASSOCIATION

O F F I C E R S

Hon. M. B. Dymond, M.D.,
Toronto
Honorary-President

R. R. Jessup, Sudbury
Honorary Vice-President

Proctor A. Dick, Chatham
President

R. Alan Hay, Brockville
President-Elect

D. M. MacIntyre, Kingston
John MacKay, Peterborough
E. R. Willcocks, Toronto
Vice-Presidents

S. W. Martin, Toronto
Executive Secretary-Treasurer

BOARD OF DIRECTORS

G. D. Ainslie, Niagara Falls
H. E. Appleyard, M.D., Hamilton
J. H. Atkin, Leamington
Mrs. J. A. Aylen, Ottawa
P. M. Dewan, Ingersoll
H. T. Ewart, M.D., Hamilton
Rev. James Ferguson, Stratford
C. P. Girdwood, South Porcupine
William A. Harris, Toronto
W. A. Holland, Oshawa
Col. Hannah J. Janes, Toronto
Carman J. Kirk, M.D., London
Carl J. Larsen, Walkerton
A. Levine, Toronto
Sister Marie Joseph, Ottawa
Sister Mary, Toronto
Walter L. McGregor, Windsor
Mrs. Charles McLean, Toronto
Very Rev. J. A. O'Mara, J.C.L., Toronto
T. M. Palmer, North Bay
Miss L. H. Parsons, Oakville
Glen W. Phelps, Orillia
Mrs. L. A. Remus, Fort William
E. C. Robinson, St. Catharines
J. E. Sharpe, M.D., Toronto
Mrs. William Smolkin, Perth
R. A. Stewart, Almonte
Mrs. W. P. Telford, Owen Sound
M. B. Wallace, Toronto
C. N. Weber, Kitchener
Jack Wratten, Brantford